romping, hungry youngster, we get the dull-eyed, pasty-faced child, of irritable temper and capricious appetite.

The facial contour is much affected by the care given to the temporary teeth, and it is often a question of fine judgment as to the proper time for the extraction of these organs. Nature has so arranged the normal development that the permanent tooth should appear soon after the loss of the temporary tooth, the root of which has become absorbed, and if the crown should be taken away too soon the space in the gum closes up and a scar is formed which is tough and unyielding, hence the permanent tooth is thrown out of line. However, if the temporary crown is not removed at the proper time, the permanent organ will still be pushed out of the arch line.

The eruption of the permanent teeth should be watched, and the molars, which usually appear about the sixth year, receive more than careful attention, for the loss of these may change the entire face by a shortening of the jaws, causing crowding and overlapping of the teeth, and if the child has been particularly fond of sucking the thumb, or the pernicious "husher," we may expect a deformity of face the correction of which will cause the child and specialist much patient perseverance; and if not corrected will be a menace to the æsthetic comfort of the individual and friends for life.

AN IMPROVISED OUTFIT FOR OPERATION IN A PRIVATE HOUSE

By JESSIE McCALLUM

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When called upon to prepare for an operation in a private house trained nurses are often criticised because of their helplessness when deprived of the facilities of a well-equipped operating-room. Recognizing this unfortunate lack of inventive genius, the Training-School for Nurses in connection with the New York Post-Graduate Medical School and Hospital makes this a part of the curriculum, and numerous classes are held during the third year, when two members of the graduating class, previously selected, demonstrate their ideas at improvising in this direction, the stipulation being made that nothing ever seen in an operating-room shall appear in their preparations. Practical suggestions and original ideas are gladly welcomed, so that these demonstrations become a source of interest as well as instruction to the entire class.

At the last practical demonstration which was open to the public the programme included methods for giving typhoid bath in bed, bathing a baby, cupping, improvising a croup tent, preparation for a cataract dressing, together with a demonstration of Dr. Phelps's extension for hip-joint disease and twenty different ways of applying a triangular bandage. That which seemed of greatest interest to those present, however, was the preparation for an operation in a private house, and a few of the ideas brought out in this and other demonstrations are herewith enumerated, with the hope that they may possibly be of interest to some of the readers of THE AMERICAN JOURNAL OF NURSING.

1. The room selected for the operation should be near the bathroom, as a porcelain tub filled with bichloride solution of the strength of 1 to 1000 makes an excellent arrangement for disinfecting the washbowls, pitchers, platters, plates, etc., which are to be used during the operation for the solutions, instruments, needles, and ligatures.

2. If the carpet cannot be removed, it may be protected with oilcloth, rubber sheeting, or newspapers, over which sheets can be pinned.

3. The windows can be frosted by rubbing sapolio on the inner surface, thus preventing any possible observation from the outside.

4. Two small tables placed together to form one of the required size, old blankets being used to make the tables of uniform height and also to furnish a comfortable surface for the patient, can be used for an operating-table, care being taken to cover the blankets with a bed-rubber or table oilcloth and a sheet, securely folded under, and tied to the table with muslin bandages.

5. A Kelly pad can be improvised by tightly rolling a blanket and covering it with a rubber sheet, two ends of which are to be pinned together and used to conduct the solutions into the foot-tub below.

6. An ironing-board or the leaf of an extension table, supported by two chairs, makes a good table for instruments or solution basins.

7. An ordinary clothes-boiler, one-third filled with water, can be used as a sterilizer, the instruments rolled in gauze, and the brushes and orange sticks (for the doctor's hands) being immersed therein. The necessary dressings, towels, sheets, fountain syringe, etc., are sterilized by hanging them in a hammock or sling hung from the handles of the boiler. A kitchen fork, lengthened by securely fastening to it an iron spoon, makes a convenient utensil with which to remove the articles from the boiler.

8. An ordinary sheet folded over at the top makes an excellent gown for the operator, if the ends be carefully taken up under the arms, crossed in the back, and used as sleeves for the shoulders and upper part of the arm, the middle of the upper hem of the sheet being pinned to the collar in front.

9. Water boiled in the clothes-boiler or teakettles can be quickly cooled by placing pitchers of it, covered with sterile towels, in a dishpan or foot-tub of cracked ice.

10. A chafing-dish of water kept boiling during the operation is a great convenience.

11. Salt solution filtered into household preserving-jars can be sterilized in the wash-boiler with the other articles.

12. A stretcher can be improvised by slipping two window-poles or broom-handles into the folds of a sheet folded the proper size and securely fastened with safety-pins.

13. The Trendelenburg position can be secured by using an ordinary kitchen chair comfortably padded with a rubber-covered pillow and sheet, the back of the chair being placed under the patient.

14. The patient can be put in the lithotomy position by placing under the knees a padded walking-stick, to the ends of which is fastened a sheet folded diagonally and passed under the shoulders.

THE DUTIES OF THE EXECUTIVE HEAD OF A SMALL HOSPITAL

By NANCY C. CADMUS

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In the consideration of the duties of the head of a small institution the difficulties to be confronted naturally present themselves, one of the first being the problem of a profitable distribution of her time and energy. She is expected to be, and is, personally responsible in every department. To be sure, she can work these separate departments in a large measure by deputies if she possess the quality of generalship. Still, even then she is the one who must know all details and be able to answer to her superiors in the professional, financial, and executive departments. It is she who must familiarize herself with the best channels and methods of purchasing hospital commodities of every possible kind that may be required, in order that she may know whether all expenditures are being made to the best possible advantage. It is she who must see that the building is kept in good, safe condition, that the sanitation is properly attended to, that the ordinary cleaning is not being neglected, that waste or misuse are not being practised. She should be an expert in household economics, as well as a good financier.

While it is true that the purchasing in some hospitals is done